

River City Property Management

P.O. Box 780097, San Antonio, Texas 78278 (210) 722-4787

Owner's Information Sheet

Property Address:

	Owner 1	Owner 2
Title	Mr. Mrs. Ms. Miss Dr. _____	Mr. Mrs. Ms. Miss Dr. _____
Owner's Name	<input type="text"/>	<input type="text"/>
Owner's Nickname	<input type="text"/>	<input type="text"/>
Home Phone	<input type="text"/>	<input type="text"/>
Cell Phone	<input type="text"/>	<input type="text"/>
Work Phone	<input type="text"/>	<input type="text"/>
Fax Number	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text"/>	<input type="text"/>
Preferred Method of Contact	<input type="text"/>	<input type="text"/>

MONTHLY STATEMENTS

Would you like your monthly statements sent via E-mail or USPS?

E-Mail

USPS

PROCEEDS

Monthly proceeds can be distributed by either of the following methods. **Please choose which you prefer.**

Mail check to my address of record

Deposit funds directly into my account. I will complete the ACH authorization section of this form.

MAILING ADDRESS

Mail To:

Address:

City: State: Zip Code:

It is the owner's responsibility to keep their contact information up to date with River City Property Management. This includes all phone numbers, current mailing address, e-mail address, and emergency contact information.

If we are unable to reach you, we may initiate repair work even if it is higher than the \$300 limit identified in the management agreement for the following cases:

- (1) the health and/or safety of a tenant is at issue
- (2) the property will incur damage if immediate action is not taken
- (3) in instances where there is only one option to consider.

We will not leave a tenant waiting in 90+ degree heat without Air Conditioning or hot water, extremely cold conditions without heating, or a leaking roof while we attempt to contact you or your emergency contact for permission to do what is obvious.

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	<input type="text"/>
Daytime Phone Number:	<input type="text"/>
Evening Phone Number:	<input type="text"/>
E-mail Address:	<input type="text"/>
Relationship:	<input type="text"/>

INSURANCE

Advise your insurance company the property will be a rental unit. Confirm you have adequate and proper insurance coverage. To protect your investment, the amount should equal the actual cash value of the property.

The management agreement requires owners to carry liability coverage to protect all parties. This requires you to name RIVER CITY PROPERTY MANAGEMENT as an "additional insured".

Please provide us with copies of your insurance coverage no later than 30 days after signing the management agreement.

Please feel free to contact us with any questions or concerns.

Direct Deposit Authorization and Agreement

The undersigned (hereafter referred to as the "Owner") hereby authorizes and requests DRG Leasing, LLC ("dba/River City Property Management") to make credits and/or debits from time to time in the account(s) identified below and authorizes the bank and any other financial institution to process such credits and/or debits. It is agreed that these credits and/or debits may be made electronically and under the **Rules of the National Automated Clearing House Association**.

In the event River City Property Management makes an error in the amount of the deposit and over pays the Owner, the undersigned Owner hereby authorizes River City Property Management to reverse or withdraw funds from Owner's bank account(s) designated below or any other bank utilized by Owner as reimbursement to River City Property Management. It is the Owner's responsibility to verify accuracy of funds deposited into such account(s) before performing transactions on those funds. Under no circumstances shall River City Property Management be responsible for insufficient funds charges or any other charges posted to Owner's account(s).

By signing below, Owner agrees to the above terms. Owner further agrees to any River City Property Management Terms of Use for Direct Deposit Services, as may be amended from time to time. In the event Owner does not agree to the above terms, Owner should not sign this Agreement and should elect to be paid through ordinary check instead of using Direct Deposit of Funds.

Attach a voided check or copy of a check for each account. Indicate whether it is a checking or savings account by circling the appropriate type of account.

Please call your bank and confirm the ACH Routing Number(s) and Account numbers for Checking and/or Savings.

Main Account - Checking or Savings Account *(circle one)*

Name on Acct: _____

Acct # _____

ACH Routing # / _ / _ / _ / _ / _ / _ / _ / _ / _ /

Bank Name _____

OWNER'S SIGNATURE: _____ **DATE:** _____

OWNER'S NAME PRINTED: _____